

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-870)						SERIAL NO.	FILING DATE				
						APPLICANT(S)					
CLAIMS											
CLAIM NO.	AS FILED		AFTER SEARCHED		AFTER SEARCHED		CLAIM NO.	OEP.	OEP.	OEP.	OEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.					
1							61				
2		1					62				
3							63				
4							64				
5							65				
6							66				
7							67				
8							68				
9							69				
10							70				
11							71				
12							72				
13							73				
14							74				
15		1					75				
16							76				
17							77				
18							78				
19							79				
20							80				
21							81				
22		1					82				
23							83				
24		1					84				
25							85				
26							86				
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29							89				
30							90				
31							91				
32							92				
33							93				
34							94				
35							95				
36							96				
37							97				
38							98				
39							99				
40							100				
41							TOTAL IND.				
42							TOTAL OEP.				
43							TOTAL TOTAL				
44							25	15	15	15	15
45											
46											
47											
48											
49											
50											

Best Available Copy